

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067172

1. Entity Name.

DEBIT CARD, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90203 036 ***150.00

Principal Place of Business

Mailing Address

5733 N ANDREWS WAY
FT. LAUDERDALE FL 33309
US

5733 N ANDREWS WAY
FT. LAUDERDALE FL 33334-2420
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1509

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS FL

Zip
33071

Country

USA

Zip

Country

4. FEI Number

65-0450475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COGEN, GREG
5733 N ANDREWS WAY
FT. LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS COGEN, GREG
CITY-ST-ZIP 5733 N ANDREWS WAY
FT. LAUDERDALE FL 33309

TITLE ☒ Change ☐ Addition
NAME 8825 RAMBLINGWOOD OR #1509
STREET ADDRESS CORAL SPRINGS FL 33071
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS COGEN, NORM
CITY-ST-ZIP 5733 N ANDREWS WAY
FT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition
NAME 8825 RAMBLINGWOOD OR #1509
STREET ADDRESS CORAL SPRINGS FL 33071
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY A COGEN

Date

2/27/2000

Daytime Phone #

80240710

CR2E034 (9/99)